

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-175)						SERIAL NO. 101231105		FILING DATE	
APPLICANT(S)									
AS FILED		1 ST AMENDMENT		AFTER 2 ND AMENDMENT					
NO.	DEC.	DER.	DEC.	DER.	DEC.	DER.	NO.	DEC.	DER.
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47							97		
48							98		
49							99		
50							100		
TOTAL DEC.	2	1	2	1	3	1	TOTAL DEC.		
TOTAL DER.	11	1	11	1	13	1	TOTAL DER.		
TOTAL CLAIMS	13		11		10		TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1260 (REV. 9-79)

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